						$\overline{}$
Please type	a plus	sign	(+)	inside this box	\rightarrow	1+1

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

63562 WO Attorney Docket Number **DECLARATION FOR UTILITY OR** Wiltz, Jr. **First Named Inventor DESIGN PATENT APPLICATION COMPLETE IF KNOWN** PCT/US04/12529 (37 CFR 1.63) **Application Number** Filing Date April 23, 2004 ☑ Declaration ☐ Declaration Submitted after Initial OR Submitted **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:									
My residence, mailing address, an	My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: POLYURETHANE FOAMS MADE FROM HYDROXYMETHYL-CONTAINING POLYESTER POLYOLS									
	(7	itle of the Invention)							
the specification of which	· ·	,							
is attached hereto									
OR Was filed on (MM/DD/YYYY)	April 23, 2004	as United	States Application I	Number or PCT International					
Application Number PCT/US0			YYY) April 23,	(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached?								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
00/465.685	04/25/2003		Additional provisional application numbers are listed on a						
60/465,663	04/25/2003		supplem	ental priority data sheet /02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

		——————————————————————————————————————					
Direct all correspondence to: Customer N or Bar Code		OR [Correspondence address below				
Name Gary C. Cohn PLLC							
Address 4010 Lake Washington Blvd., NE							
Address Suite 105							
City Kirkland		State WA	zIP 98033				
Country U.S.A.	Telephone (425) 57	76-1656	Fax (425) 576-1756				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR	:	A petition has been fi	led for this unsigned inventor				
Given Name Eugene Paul (first and middle [if any])		Family Name Wiltz, Jr. or Surname					
Inventor's Eugene Paul Wilt (h) Date 7/20/64							
Residence: City Brazorta Lake Jack	cas Country US	US Citizenship					
Residence: City Late Jack 5071 State Country Citizenship Mailing Address 105 Bougainvillea St.							
Mailing Address		27422	·				
City Brazeria Tackson State Te	xas	EAW 77566 7754	Country US				
NAME OF SECOND INVENTOR:		A petition has been fi	iled for this unsigned inventor				
Given Name Zenon Family Name Lysenko or Surname							
Inventor's Signature Date 7/28/04							
Residence: City Midland	State MI	Country US	Citizenship Canada				
Mailing Address 214 West Meadowbrook Drive							
Mailing Address							
City Midland State MI	1	ZIP 48640	US Country				
Additional inventors are being named on the 2	supplemental Addition	nal Inventor(s) sheet(s) PT	O/SB/02A attached hereto.				

Please type a plus sign (+) inside this box —	-> [+
---	-----------------

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number,

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if ar	ıy:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Fabio				Aguirr	re		
Inventor's Signature				Date 05/26/2004			
Pfaffikon Pfaffikon	State		Switzerland Country		Colombia Citizenship		
Etzeltrasse 23 Mailing Address							
Mailing Address							
City Pfaffikon	State		ZIP 8807	Countr	Switzerland y		
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])	\bot	Family Name or Surname				
Aaron		Sanders					
Inventor's Signature Sanders			Date 7-20-04				
Residence: City Missouri City	State Texas	<u>. </u>	Country US		Citizenship US		
Malling Address 3503 Corbett Court							
Mailing Address				_			
Missouri City	State Texas	s	ZIP 77459 Country US				
Name of Additional Joint Inventor, if ar	ny:		A petition has been filed	for this	unsigned inventor		
Given Name (first and middle [if any]))	Family Name or Sumame					
John		Tsavalas					
Inventor's Signature	Date 8-16 7						
Residence: City Midland State Michigan							
Mailing Address 4815 Claremont Street Apartment 2							
Mailing Address							
City Midland	State Michigan ZIP 48642				Country US		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

									_
Please	type	a plus	sign	(+)	inside	this	box	\longrightarrow	l + l

ules

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any	1)		Family Nam	e or S	urname		
David A.				Babb			
Inventor's Signature A.	\(\(\begin{array}{cccccccccccccccccccccccccccccccccccc				6/30/04 Date		
Lake Jackson Residence: City	Lake Jackson Texas				US Citizenship		
202 Live Oak Lane Mailing Address							
Mailing Address							
City Lake Jackson	State Texas		ZIP 77566 C	ountr	y US		
Name of Additional Joint Inventor, if a	ny:		A petition has been filed	for this	s unsigned inventor		
Given Name (first and middle [if any		Family Nam	e or S	umame			
Alan K	Schrock						
Inventor's Signature ////////////////////////////////////	9/13/o Y Date						
Residence: City Lake Jackson State			Country US	Citizenship US			
Mailing Address 204 River Oak Drive 238	Z Mockiu	مجهرة	id lane.				
Mailing Address			* 11-3				
City Lake Jackson City	State M		ZIP 4 8642	Cour	US ntry		
Name of Additional Joint Inventor, if a	ny:		A petition has been filed f	or this	unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature				Date			
Residence: City State			Country Citizenship				
Mailing Address							
Mailing Address							
City	State		ZIP	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.